



# Idaho State Board of Pharmacy

3380 Americana Terrace #320

PO Box 83720

Boise, ID 83720-0067

Telephone 208/334-2356

Fax 208/334-3536

## Controlled Substance Registration Instruction Sheet

**1. Who requires an Idaho Controlled Substance Registration?** Idaho Code Chapter 27 Title 37.37-2716 states "... Every person who manufactures, distributes, or dispenses any controlled substance within this state..."

### 2. Qualifications for registration:

- a. Applicants must possess a valid, unrevoked, and unsuspended license to practice their profession in the state of Idaho.
- b. Applicants must hold a valid Drug Enforcement Administration (DEA) registration.

### 3. If the Applicant:

a. Currently holds a valid DEA registration from another state and is applying for a new Idaho CS registration:

1. Fill out the Idaho CS application completely.
2. Attach a copy of your Idaho professional license
  - ◆ Physician Assistants must attach a copy of the prescriptive authority approval from the Board of Medicine.
3. Attach a copy of your valid DEA registration
4. Attach one of the following for out of state address on DEA certificate:
  - a. Completed DEA change of address form
  - b. Letter attesting to locum tenens status, must include location and inclusive dates of assignment (*locum tenens is one assignment not to exceed 60 days*)
5. Include a \$60.00 check for the registration fee.

**Applications that are incomplete or missing documentation will be returned. Do not fax or mail documentation or registration fee separately. All documentation must be submitted with the application. Approximate licensure time is 2-3 weeks.**

b. Does not hold a valid DEA registration:

1. Fill out an Idaho controlled substance application and a DEA registration application.
2. Attach a copy of your Idaho professional license and a copy of your completed DEA application to the Idaho controlled substance application.
3. Include the payment of fees with each application (\$60 for Idaho controlled substance, \$390 for a DEA registration)
4. Submit the Controlled Substance Registration application to the Idaho Board of Pharmacy
5. Submit the DEA application to the DEA office indicated on the application

The Idaho Controlled Substance Registration and the DEA Registration will be issued at the same time. Approximate licensure time for those that do not currently hold a DEA certificate is 4-6 weeks.

For questions regarding the Idaho CS registration contact the *Idaho Board of Pharmacy* at 208/334-2356.

For questions concerning the DEA registration contact the *Seattle DEA office* at 888/219-4261.



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## CONTROLLED SUBSTANCE REGISTRATION APPLICATION

FEE \$60.00

In accordance with Idaho code 37-2717 and Board of Pharmacy Rules 435 & 436, all practitioners must hold a valid professional license to practice in Idaho, a valid federal DEA registration and a controlled substance registration prior to prescribing, dispensing, administering or maintaining an inventory of controlled substances in Idaho.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone: \_\_\_\_\_

Complete Home Address \_\_\_\_\_

IDAHO Practice Address *Include + 4 zip*: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Idaho Professional License: \_\_\_\_\_ **ATTACH COPY**

*(DO NOT SUBMIT THIS APPLICATION UNTIL YOU HAVE YOUR PROFESSIONAL LICENSE)*

Current DEA Registration: \_\_\_\_\_ **ATTACH COPY**

*(IF PENDING, WRITE PENDING IN THE ABOVE BLANK & ATTACH A COPY OF THE COMPLETED DEA APPLICATION)*

### IF OUT-OF-STATE ADDRESS ON DEA REGISTRATION, DO ONE OF THE FOLLOWING:

1. Locum Tenens - Submit letter attesting to locum tenens status - include location and length of assignment.
2. Complete DEA address Change request form and include with this application.

### PERSONAL DATA

- I have \_\_\_\_ I have not \_\_\_\_ been diagnosed or treated for any mental illness, including alcohol or substance abuse or physical conditions that would impair my ability to perform any of the essential functions of my profession.
- I have \_\_\_\_ I have not \_\_\_\_ been the subject of a completed or pending administrative action regarding any of my professional licenses, registrations, or the equivalent in this or any state.
- I have \_\_\_\_ I have not \_\_\_\_ had a professional license suspended, revoked, surrendered, or otherwise disciplined (including private or non-public stipulation).
- I have \_\_\_\_ I have not \_\_\_\_ been charged, arrested, or convicted of a felony or misdemeanor nor plead guilty in conjunction with a withheld judgment, involving controlled substances or alcohol.

***If you checked "I have" to the above, you must provide all related documentation***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*I certify the information contained in this application is true and correct to the best of my knowledge. Idaho Code 37-2734 (a) It is unlawful for any person knowingly or intentionally: (4) to furnish false or fraudulent material information from, any application, report, or other document required to be kept or filed under this act, or any record required to be kept by this act.*